a. COUNTY Ca	aroline	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If ins	ntitution: Residence b	efore admission)
and give nearest town	outside corporate limits, write RURAL Sburg - Rural	c. LENGTH OF STAY IN 16 Instant	c. CITY OR TOWN (IF	autside corporate limits, we 1sburg - Rur	rite RURAL and give	
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in ho on Branch Road		d. STREET ADDRESS	oncord		IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF  DECEASED (Type or print)	First Lorne	Middle Franklin	Closson	4. DATE MO OF Janua	onth Do	
s. sex Male	6. COLOR OR RACE 7. MARR White WIDOWE	NEVER MARRIED   E	Sept. 4, 190	9. AGE (In years lost birthday)	Months Days	Hours Min.
Farmer an	ON (Give kind of work done 10b. g life, even if retired) d Broiler Growe	KIND OF BUSINESS OR INDUS		ar foreign country)	Service Contract of	nada V
	m Henry Closson			wame wabeth Tomlin	son	
15. WAS DECEASED EVI	Ilf yes, give wor or dates of service)		etty E. Closs	son, Federals		, R.F.D.
PART I. DEAT	TH [Enter only one cause per tine TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 10	cateres - H	lead turen		ERVAL BETWEEN SET AND DEATH MILLELATE
Canditions, if an gave rise to immed (a), stating the cause last.	DUE TO (b) piderlying DUE TO (c)	Shoet-				
PART II. OTH	ier significant conditions <u>c</u>				GIVEN IN PART 1(a)	PERFORMED? YES NO
U	ISE WAS	BE HOW INJURY OCCURRED. (I	Enter nature of injury in Part of auto, hit	tlar Port II af item 18.) tree		
<u> </u>						
20c. TIME OF INJUST Hour o. m. P. m.	1-16 1960 While	le Nat while of Accident	CE OF INJURY (Home, farm lary, street, affice bldg., etc.	& Federalst	well Clerk	Pure m
200. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH. 20c. TIME OF INJUS Hour o. m. // p. m. 21. I certify th	1 // // Whil	remoins described obd	dary street, affice bldg. etc.	Hedundshy	J. / Inquiry	Luce mil
200. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH. 20c. TIME OF INJUS Hour o. m. // p. m. 21. I certify th	1-16 1960 While of which was to the charge of the from: Noturol couses [	remoins described obc	bve, held on Autops icide V, Homicide	Inspection L. Undetermined	Inquiry Course	, ond find the
200. EXTERNAL CAL PRIMARY   or CONCAUSE OF DEATH.  20c. TIME OF INJUST Hour o. m.  21. I certify the deoth resulted  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	1-16 1960 While of which was to the charge of the from: Noturol couses [	remoins described obc	bve, held on Autops icide V, Homicide  M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	Inspection L. Undetermined  AMINER L. AL EXAMINER L.	Inquiry Course .	ond find the

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 0451

00449

V						
П	o. COUNTY	Caroline	MARYLAND	o. STATE	b. COUNTY	
1	b. CITY OR TOWN	(If outside corporate limits		c. CITY OR TOWN (II o	Land utside corporate limits, write R	URAL and give negrest town)
1	Green		63 Yrs			
		PITAL (If not in hospital, giv		d. STREET ADDRESS	ain Street	•. IS RESIDENCE ON A FARM? YES NO PA
F	3. NAME OF	First	Middle	Last	4. DATE Mon	
ľ	DECEASED (Type or print)	Clinton	Bates	Jarman	OF DEATH	Doy Yeor
(	5. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male		WIDOWED DIVORCED	8-28-1896	lost birthdoy) 63 yrs.	Months Doys Hours Min.
i	IOo. USUAL OCCUPA		None 10b. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
1		Clinton B	. Jarman	Aurell	a Simpers	
İ	15. WAS DECEASED E	VER IN U. S. ARMED FORCE		NFORMANT	Add	ress
I	Yes	W.W. T		Mildred Jar	man Greens	boro, Maryland
F		EATH [Enter only one cou	se per line for (o), (b), and (c).]			INTERVAL BETWEEN
1	PART I. D	EATH WAS CAUSED BY:	Core	nary Occuls	ion	ONSET AND DEATH
	420.					
ı	Conditions, if					
1	gove rise to	immediate (				
1						
	lying couse los	ng me unger-				
1	lying couse los	it. (c).	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY
	lying couse los	other SIGNIFICANT COND	oitions contributing to death but		nal disease condition giv	PERFORMED?
	PART II. C	of the under-	OITIONS CONTRIBUTING TO DEATH BUT Chronic Myocard 206. DESCRIBE HOW INJURY OCCURRE	itis		VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	PART II. CO PART III. CO PART I	WAS UNDERLYING THE MODIFICANT COND  WAS UNDERLYING THE MODIFICANT	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED  20e. PI	itis	Port 1 or Port 11 of item 18.)	PERFORMED?
	PART II. COLONIA CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTI Hour o. n p. n	WAS UNDERLYING OF CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year n. 19	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not while of work of work	itis D. (Enter noture of injury in I  ACE OF INJURY (Home, form clory, street, office bldg., etc.	Port 1 or Port 11 of item 18.) , 20f. (City or town)	PERFORMED? YES NO (County) (Stote)
	PART II. C  PART II. C  20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI Hour a. n p. n  21. I certify	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year  19  that I attended the	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  While Not while of work of work deceased from ADr • 5	itis D. (Enter noture of injury in I  ACE OF INJURY (Home, form clory, street, office bldg., etc.  19 59, to J	Port 1 or Port 11 of item 18.)  , 20f. (City or town)  1	(County) (Stote)
	PART II. C  PART II. C  20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI Hour a. n p. n  21. I certify	WAS UNDERLYING OF CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year n. 19	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  While Not while of work of work deceased from ADr • 5	itis D. (Enter noture of injury in I  ACE OF INJURY (Home, form clory, street, office bldg., etc.  19 59, to J  accurred all:50	ort I or Port II of item 18.)  20f. (City or town)  an 1 1960	(County) (Stote)
	PART II. C  PART II. C  20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI Hour a. n p. n  21. I certify	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year  19  that I attended the	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  While Not while of work of work deceased from ADr • 5	ACE OF INJURY (Home, form clory, street, office bldg., etc., 1959, to Jaccurred at 1:50	20f. (City or town)  20f. (City or town)  21  An . 1 1960  ADDRESS (Street, city or town,	(County) (Stote)
	1ying couse los PART II. C  PART III. C  20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI  20c. TIME OF INJ Hour o. n p. n  21. I certify alive on  ACTUAL	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year  19  that I attended the	Chronic Myocard 20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not while of work of work of work of work of work  deceased from ADr. 6  , 19 00 , and that death	ACE OF INJURY (Home, form clory, street, office bldg., etc.  19 59, to Jaccurred at 1:50  M.D. Greensh	20f. (City or town)  20f. (City or town)  21  An . 1 1960  ADDRESS (Street, city or town,	(County) (Stote)  (County) (Stote)  (Athat I last saw the deceased and an the date stated abave  Stote) DATE SIGNED
	199 COUSE TO PART II. CO PART III. C	was underlying of the significant conditions of the significant conditions of the significant conditions of the significant can be significant. It is the significant conditions of the si	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED  While Not while for work of work of work  deceased from ADr. 6  , 1960, and that death  Stonesifer, M.	ACE OF INJURY (Home, form clory, street, office bldg., etc., 1959, to	20f. (City or town)  20f. (City or town)  21  An . 1 1960  ADDRESS (Street, city or town,	(County) (Stote)  On that I last saw the deceased and an the date stated abave.  Stote) DATE SIGNED
	PART II. C  PART II. C  PART II. C  PART II. C  20g. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI Hour o. n p. n  21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	was underlying of the significant conditions of the significant conditions of the significant conditions of the significant can be significant. It is the significant conditions of the si	Chronic Myocard  20b. DESCRIBE HOW INJURY OCCURRED  20c. Pl  20d. INJURY OCCURRED While of work of work of work  20e. Pl  for for for for for for for ADT • 6  7 19 60 , and that death  Stone siter, M.  22c. NAME OF CEMETERY CO.	itis D. (Enter noture of injury in I  ACE OF INJURY (Home, form clory, street, office bldg., etc.  19 59, to J  accurred at 1:50  M.D. Greensh  D.	20f. (City or town)  an. 1, 1960  M, fram the causes of ADDRESS (Street, city or town,	PERFORMED? YES NO (Stote)  (County) (Stote)  That I last saw the deceased and an the date stated abave. Stote) DATE SIGNED  1-4-60

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

Marin and the second	DEATH	BRTISTCATE C		
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AND THE STATE OF STREET				
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				AND THE RESERVE OF THE STREET
				Part Inc.
	E. ENST			
	, 17 (1)	n • (		

ofter death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL CIOR: After this certificate has been signed by the attending physician and campletely filled in some funeral director, page 3 show and detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		MAK!	045	4 CERTI	FIC	ATE OF E	DEATH		IIMORE, I	Pan I	Dist. No	0	)450
1. PLACE OF o. COUNT	TY	Caroline		MARY	LAND	2. USUAL RESI		ere deceased	l lived. If institution b. COUNTY	on: Reside		re admis	ision)
b. CITY O RURAL	ond give one Pres	(If outside corporate linearest town) ton	nits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	_	utside corpor	ote limits, write R	URAL ond	d give ne	arest tow	n)
d. NAME OR INS	OF HOSP	ITAL (If not in hospitol,	give street	oddress)		d. STREET A	DDRESS					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or p	D	Doro		Middle Webb		Legate		4. DATE OF DEATH	Mon Januar		30		Yeor 1960
5. SEX Fema		White	WIDOW		00	B. DATE OF BIRT	1920		9. AGE (In years last birthday) 59 yrs.	IF UNDE Months		Hours	ER 24 HRS. Min.
10a. USUAL ( during n	No.	raing life, even it refire	done 10b.	kind of Business o	R INDU	100	ton, M	laryla		12. C	U.S		COUNTRY
E	Carl	L. Legates	RCES? 16	SOCIAL SECURITY NO	17	9.5	h Star		Addr				
No. or unki	nown)	(If yes, give war or dates of	service)	None		John S.	Legate	s, Pr			and		
Condit gove couse (c	PART I. DE.  3 44, 0  tions, if orise to o), stoting	ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE TO Ony, which immediate I the under:  DUE TO	of Key	Phoseoli Aculy	at	to hear	trial	Di Deo	<u>s</u> Foilu	9	INTI ON:		DEATH
NO OR CON	CIDENT W	HER SIGNIFICANT COP  A C C C  AS UNDERLYING   G C AUSE OF DEATH	20	CONTRIBUTING TO DEA	de	omme	(			EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
\$ 20c. TIME	K, NOTIFY	MEDICAL EXAMINER) RY Month, Doy, Ye 19	ear 20d. II While at wor	NJURY OCCURRED  Not while k ot work	20e. PL fo	ACE OF INJURY (I	Home, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
ACTUAL- SIGNATU PHYSICIA NAME (T	DIRE AN'S TYPE CREMATICAL (Specify	Harold B.  Peb. 2.	Plum	and that	TERY O	M.D	9:45 A	M, fram DDRESS (Str eston	the causes a cet, city or town, s. Maryla:  ON (City, lown, o. Lon, Mary	nd on total	the do	te state	ed above
Burj 23. FUNERAL J.J.				deralsburg,				BY REGISTE	RAR 24b. REGIS		IGNATUI		

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	THE STATE OF PERTIF	
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	creation and the second	

# FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funer percent. Page 4 should be continued to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files. TO FUNERAL LACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event frithin 72 hours after death. M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00451

0//0	Reg. Dist. Na.
o. COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) o. STATE Machana b. COUNTY Caralia
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest fourty)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if conside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS TEAST A  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Boka Garden Jashin VI	ATTELE A. DATE Month Doy Year DEATH January 8 1960
5. SEX 7. 6. COLOR OR RACE 7. MARRIED D NEVER MARRIED 8	PLATE OF BIRTH  STORY OF BIRTH
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during flost of working life, even if retired)	
13. FATHER: NAME of Asslin	14. MOTHER'S MAIDEN NAME GITT
15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III  (II yes, give war or defector tervice)  (II yes, give war or defector tervice)	NEGRMANT Mittle Deaton Med
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Failuse Tunterval Between Onset and Death Tuned on all
260 X  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying  DUE TO  DUE TO	relletij 24n -
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	inter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAI facts of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔀, Inspection 🔀, Inquiry 🖼, ond in my
opinion deoth resulted from: Notural causes A. Accident	, Suicide , Homicide , Undetermined manner
SIGNATURE Dayson Deleonge	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S DAWSON, O. Ques - Se	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   1-9-62
BURIAL CREMATION, 220. DATE THEREOF 220 MAME OF CEMERKRY OR	CREMATORY 234 JOCATION (City, John), or couply) (State)
REMOVAL (Specify) Jan 10,1960 Longath 23. FUNEBRIDGETOR: SIGNATURE ADDRESS A	Concord Caroline Royles

VS. A15ME 5M 2/57

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MARYLAND	STATE I	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
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			04	55 CERT	IFIC	ATE OF DEAT	Н		Reg. Di	st. No.	004	52
	PLACE OF DEATH	Caroline	•	MAI	YLAND	2. USUAL RESIDENCE (W	land	d lived. If institute b. COUNTY		ce befor		ion)
	B. CITY OR TOWN ( RURAL and give in Rural	(If outside corporate limits agrest town) Greensbor	, write	6 Yrs		c. CITY OR TOWN (IF		_	URAL and (	give nea	rest town	1)
	d. NAME OF HOSPI OR INSTITUTION Cher	TAL (If not in hospital, given y Nursing				d. STREET ADDRESS Non	ıe.					IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Elva		Midd	Ň.	Parrott	4. DATE OF DEATH	Mon 1	th	25		<sup>Yeo</sup> 60
	enale	VIII	7. MARR	D DIVORO		8. DATE OF BIRTH 5-19-1875		9. AGE (In years last birthday) yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
	during most of world tousewif	dian like a see it as the about	one 10b.	None	OR IND	ustry 11. Birthplace (Stone Marylan	_	ountry)		S.		COUNTRY?
13.	FATHER'S NAME Willi	am T. Mide	ilet	on		14. MOTHER'S MAIDEN Sarah		•				
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FORC (If yes, give wor or dates of ser	Janie	social security n None		m. H. Middl	.eton	8 W. At			Pa.	
		ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per lin	e for (a), (b), and (c		ronary Occl	usion				RVAL BE ET AND	
	Conditions, if a	immediate ( DUE TO	4	Arterios	cle	rotic Cardi	ovasc	ular Di	Sess	e		
Z	lying couse last.	(c).	ITIONS C	ONTRIBUTING TO D	FATH RI	IT NOT RELATED TO THE TERM	AINAI DISEAS	F CONDITION GIV	FM IN PAR	T 1(a) 19	P. WAS	AUTOPSY
CERTIFICATION		Diabe	tes	Mellitu	s a	nd Rheumato	id Ar	thritis		. (6)	PERFO	RMED?
	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	No. DESC	RIBE HOW INJURY	OCCURR	ED. (Enter noture of injury in	Port I or Por	f II of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Year 19	While	Not while at work		PLACE OF INJURY (Home, for octory, street, office bldg., et		ar town)	((	County)		(State)
		hat I attended the	decease			0 , 1958 , ta						
	actual signature	Versle HE	O d	neer fe	ir deal	h accurred at 4 A	ADDRESS (S	n the causes of treet, city or town,  Maryl	state)			ATE SIGNED
	PHYSICIAN'S NAME (Type)	Charles H.	St	onesifer	, М.	D.						

220. BURIAL, CREMATION, 22b. DATE THEREOF 1-28-60
23. JUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY
Spring Hill

ADDRESS

22d. LOCATION (City, town, or county)
Easton, Maryland

DATE JAN 2 9 '60

246. REGISTRAR'S SIGNATURE
arihur S. Kraus

(State)

VS A15 (4) 15M 9/55

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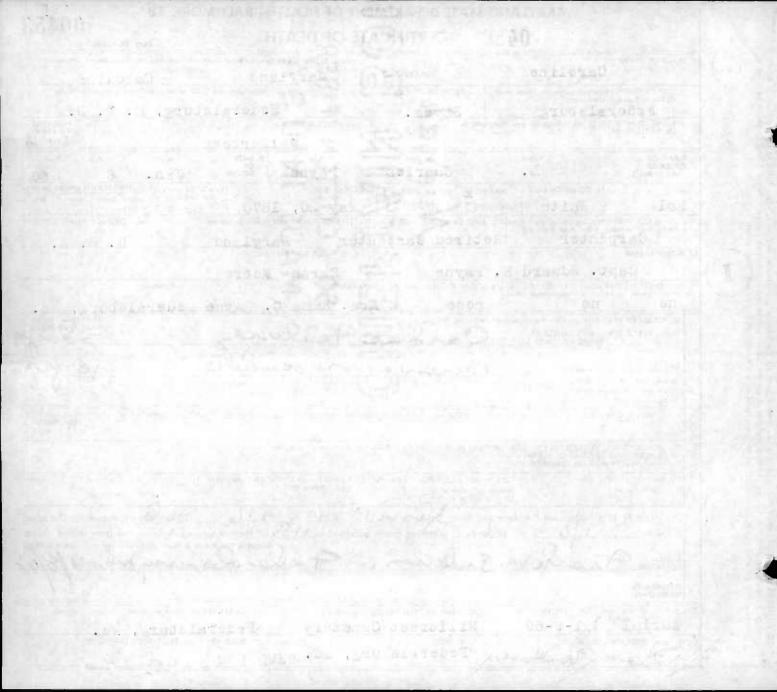
VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0450 CERTIFICATE OF DEATH 00453

1. PLACE OF D	040		0. 0		Reg	g. Dist. No.	
o. COUNTY	Caroline	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryls		b. COUNTY		
RURAL on	TOWN (If outside corporate limits, write id give nearest town) deralsburg	c. LENGTH OF STAY IN 16	X	outside corporate l rederals		R. F. D	e before odmission)  1 ine ve nearest town)  e. IS RESIDENC ON A FARM YES NO  Day Year  6 1966 YEAR IF UNDER 24 H Doys Hours Mil EN OF WHAT COUNT S. A.  INTERVAL BETWEEN ONSET AND DEAT ONSET AND DEAT  1(o) 19. WAS AUTOF PERFORMED YES NO  Ounty) (Sh
OR INSTI	F HOSPITAL (If not in hospitol, give stree TUTION	oddress)	d. STREET ADDRESS	Lkertown	1		ON A FARM
. NAME OF DECEASED (Type or prin	nt) First	Charles	Payne	4. DATE OF DEATH	Month Jan.	Day 6	Year 1960
Male	**** * *	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH				
during mos	CCUPATION (Give kind of work done 10) of working life, even if retired)	etired Carpe		or foreign country	12	U.S.	A .
3. FATHER'S N	IAME		14. MOTHER'S MAIDEN	NAME			
	Capt. Edward H.	Payne	Sarah	Moore			
1S. WAS DECEA (Yes, no, or unknow	ASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.	nformant Mrs. Emma C	. Payne	Address	lahuna	MA
Condition gove ris couse (o), lying cou	TI. OTHER SIGNIFICANT CONDITIONS					Day Yec  Day Yec  19  FUNDER 1 YEAR IF UNDER:  Months Doys Hours  12. CITIZEN OF WHAT COLUMN SET AND DISTRIBUTED ON SET AND DISTRIBUTED O	ERFORMED?
	RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE					
	OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or to	own)	(County)	(Stot
Hour	o. m. Whil		ctory, street, office bldg., etc	c.)			
Hour	o. m. p. m. 19 While of the decedence of	ork Not while foots work transfer for work transfer for seed fram.	ctory, street, office bldg., etc.	M, fram the		I last saw th	ne deceas

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0457 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution; Residence before admission) a. COUNTY 6. COUNTY MARYLAND uneral b. CITY OR JOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town) 0 d. NAME OF HOSPITAL Affinot in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES INO NAME OF Middle 4. DATE Year DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which (b) gave rise to immediate DUE TO cause (o), stoting the undero Scheroux lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING. A
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Q. fl. While Not while at wark at wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at\_// M, fram the causes and an the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL SIGNATURE PHYSICIAN'S (NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) REMOVAL (Specify) Low 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 arthur S. Kraus neoro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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	04	58 CERTIFIC	AIE OF DEATH		Reg. Dist	. No.
	ACE OF DEATH COUNTY AROLINE	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MC.		institution Residence	before admission)
b.	CITY OR TOWN (If outside carporate limits, write BURAL and give nearest town)	LIFE	c. CITY OR TOWN (IF of X HILLS )	butside corporate limits.	, write RURAL and gi	ve nearest tawn)
d	NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. N D (T	AME OF First First PRANK	Middle +	1 cm AS	4. DATE OF DEATH	Month 5	Day Year 2 6 19 6 8
5. SE	MALE CO WIDOW		B. DATE OF BIRTH	X		YEAR IF UNDER 24 HRS. Doys Hours Min.
7	USUAL OCCUPATION (Give kind of work done 10b. During most of working life, even if retired)  ARM 1200000	RIND OF BUSINESS OR INDU	+ MARY	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
	THER'S NAME ? Wnkow		14. MOTHER'S MAIDEN N	Kown		
IS. V IYes.	/AS DECEASED EVER IN U. S. ARMED FORCES? 16. 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	valter	Thoma,	Address Lie	lslomm
	8. CAUSE OF DEATH [Enter only one couse per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ficiency	INTERVAL BETWEEN ONSET AND DEATH			
	Canditions, if ony, which gove rise to immediate cause (o), stoting the under-	eral Arteri	o-sclerosis			3 yr
CERTIFICATION	lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS C					1(o) 19. WAS AUTOPSY PERFORMED? YES TO 1
	100. ACCIDENT WAS UNDERLYING 1 206. DESC DR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	1B.)				
MEDICAL	Oc. TIME OF INJURY Month, Doy, Year 20d. It Hour a. m. 19 While of work	k at werk	ACE OF INJURY (Home, form ctary, street, office bldg., etc.	, 20f. (City or town)	(Co	unly) (State)
ŀ	21. I certify that I attended the decease alive an Jan 26 , 19 6	2.0	accurred at 4 a		or town, state)	ist saw the deceased e date stated abave DATE SIGNED
	HYSICIAN'S E. Paul Knott	s M.D.		Denton, 1	ма	
6	Bellial, CREMATION, 226. DATE THEREOF PRINCIPLE IN 1806	Sanda Do	or CREMATORY	22d. LOCATION (City	lown, or county)	(State)
23. F	WERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I DATE	FEB 8 60	b. REGISTRAR'S STG	A. Proud

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the law required by the observance of the completely filled the page 3 that the detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, crematian, or remayal, and in any event within 72 haurs after death.

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